

Interested in Small Groups?



Please provide us with some information so we can connect you with a group. Thank you! ☺

Contact Information					
Surname					
Main Contact Name					
Spouse Name					
Home Phone					
Work Phone					
E-Mail Address					
What Quadrant of Calgary do you live in? (Please circle)		NE	NW	SE	SW
What age group(s) do you belong to? (Please circle)		18 - 30	30 - 55	55+	

Children Name(s) & Birthdate(s)

Occupation & Interests	
Please tell us what your occupation(s) are:	
Main Contact	
Spouse	
Please tell us what your main interests are:	

Availability (Please indicate your availability with a check mark)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Preference (Please indicate your preference on the group dynamic you prefer)			
<input type="checkbox"/>	By Location	<input type="checkbox"/>	By Availability of Day/Time
<input type="checkbox"/>	By Family Makeup	<input type="checkbox"/>	No Preference
<input type="checkbox"/>	Other (Please indicate.)		